RI SOS Filing Number: 202448937940 Date: 3/13/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

Filing period: February 1 - May 1

Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001676173	2. Exact name of the Limited Lia	ability Company	\$0 9:03	
3. NAICS Code 53 390	4. Brief description of the character of business conducted in Rhode Island Peal Estate Mestwert			
5. State of Formation				
6. Principal Office Address 7 Showline Ovve		westerly	State	2ip 0284
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Michael Capalbo		Contact Title Partner		
Street Address 7 Sharline Drive		city Westerly	State	zip 078a 1
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person			Date	
Scott Femigno			3/5/24	
Signature of Authorized Person				
Not sem				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov